

Name
in
Full

Maggie Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

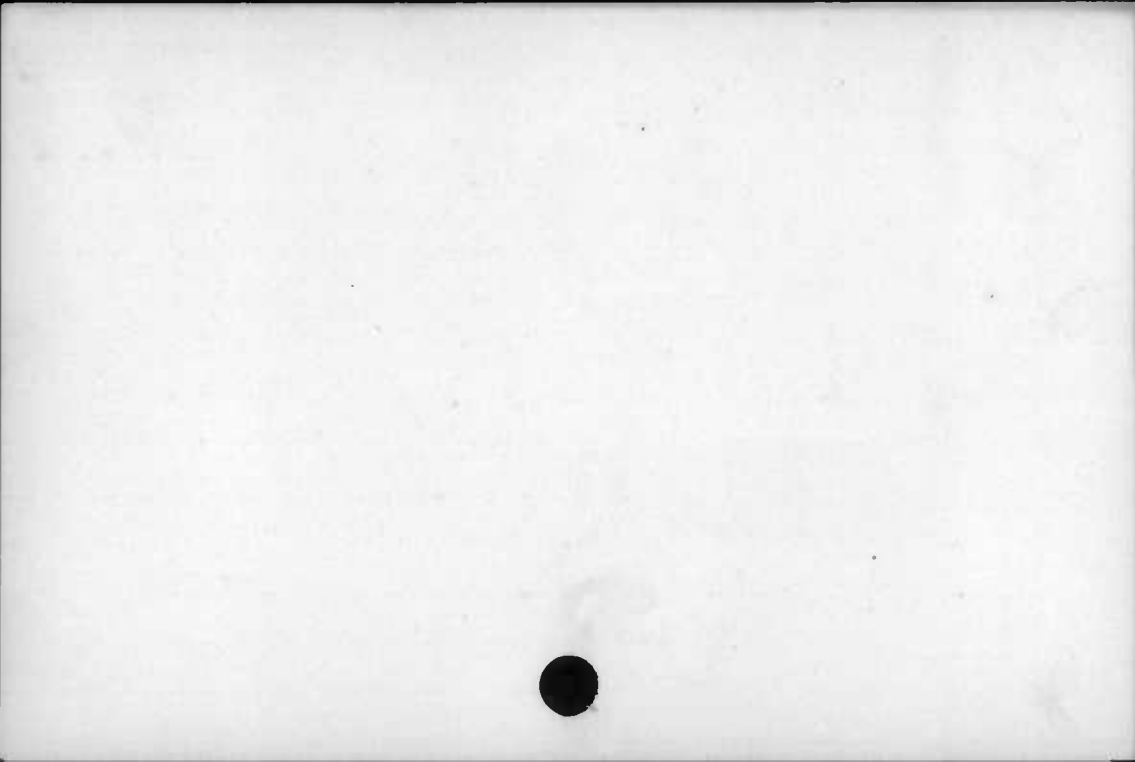
Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND									
Date of death	<i>1908</i>	Month	<i>Nov.</i>	Day	<i>17</i>	Age	<i>2</i>	Years	<i>—</i>	Months	<i>—</i>	Days	<i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>						
Occupation	<i>Child</i>					Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>										
Father's Name	<i>Bro. Wesley Adams</i>						Father's Birthplace	<i>Ind</i>					
Mother's Maiden Name	<i>Annie Roke</i>						Mother's Birthplace	<i>Ind</i>					
Name of person giving information	<i>Edward Adams</i>						How related to deceased	<i>Uncle</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Not long</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. E. Wolff</i>	
		Address	
		<i>Cambridge, Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town		<i>Dorchester Co</i>		County		<i>md</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>13</i>		Age <i>38</i>		Years		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Dorchester</i>		Occupation <i>Labor</i>		Where Residing if not at place of death <i>Lyndwood</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Parker</i>		Father's Name <i>Larry Henry</i>		Father's Birthplace <i>Dorchester</i>		Mother's Maiden Name <i>Liza Campbell</i>		Mother's Birthplace <i>Dorchester</i>	
Name of person giving Information <i>James A. Askins</i>		How related to deceased <i>Brother</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 or 5 weeks</i>
Immediates <i>Peritonitis</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Md</i>
Accident or Suicide	



Name
in
Full

Mary Helen Barnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1908 Month Nov. Day 22 Age 58 Years Months 9 Days —

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death Cambridge

Married, Single or Widowed Married Name of Wife or Husband Charles H. Barnett

Father's Name John H. Woodson Father's Birthplace Maryland

Mother's Maiden Name Elizabeth A. Hooper Mother's Birthplace —

Name of person giving Information Charles H. Barnett How related to deceased Husband

CAUSES OF DEATH

93

Primary

Pneumonia

How long

12 days

Immediate

Hem. Failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

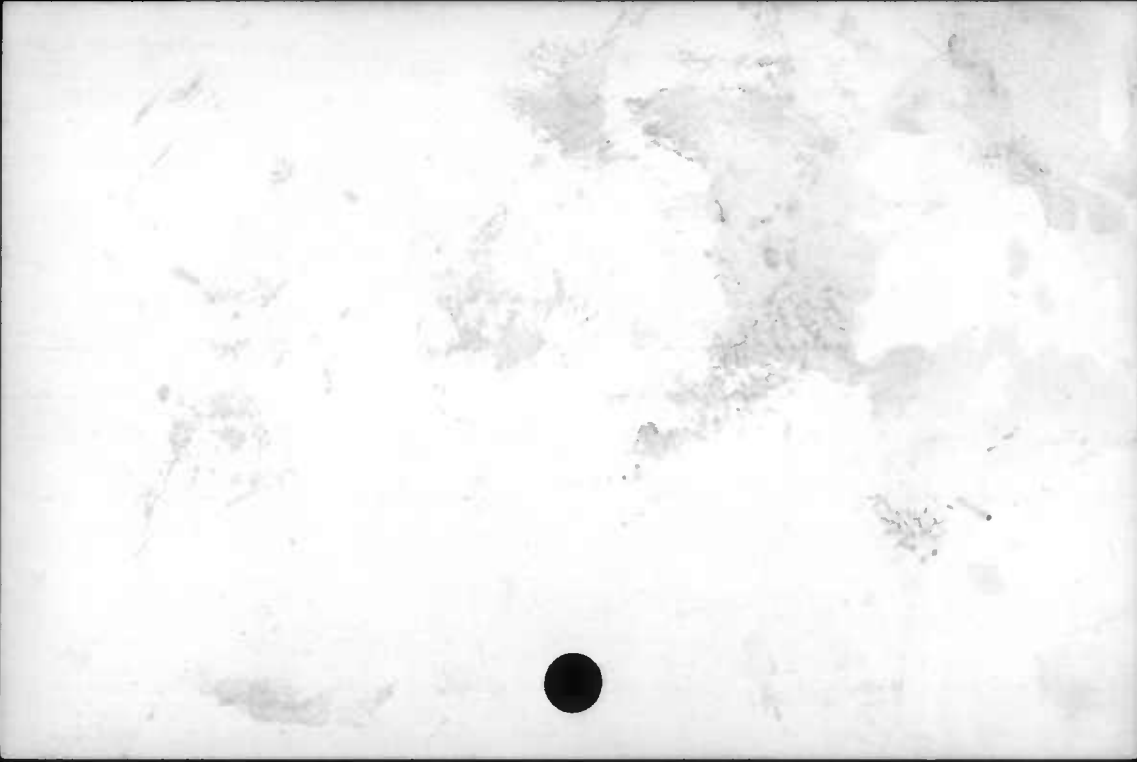
John Moore

Cambridge Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Clement Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at <u>Cambridge</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>12</u>	Age <u>72</u>	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>Cambridge "</u>		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Mary Bell</u>				
Father's Name <u>Walter Bell</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Woodland</u>	Mother's Birthplace <u> </u>				
Name of person giving Information <u>Gen Bell</u>			How related to deceased <u>Son</u>		

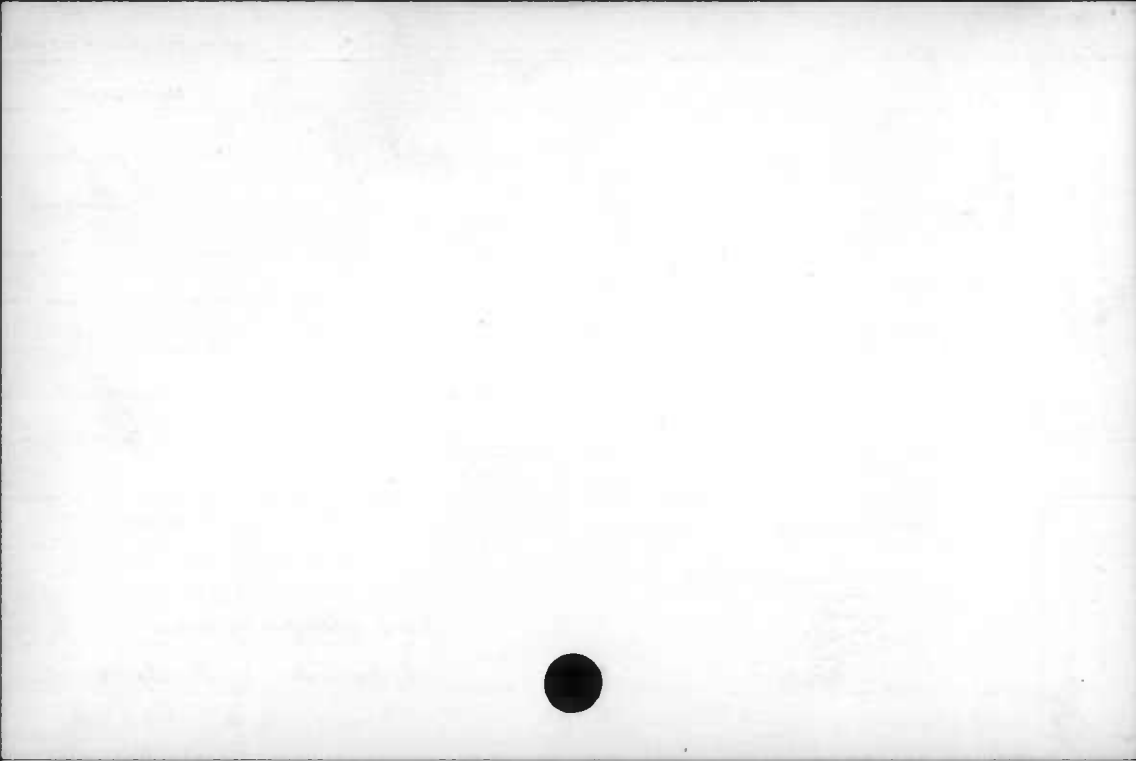
Accidentally killed
by horse trap

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary Cause <u>Fracture of Hip - Arterio-Sclerosis</u>	How long <u>10 Days</u>
Immediate Cause <u>Exhaustion + Cerebral Hemorrhage</u>	How long <u>12 hours</u>
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Wolff</u>
	Address <u>Cambridge, Md</u>
Accident or Suicide <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

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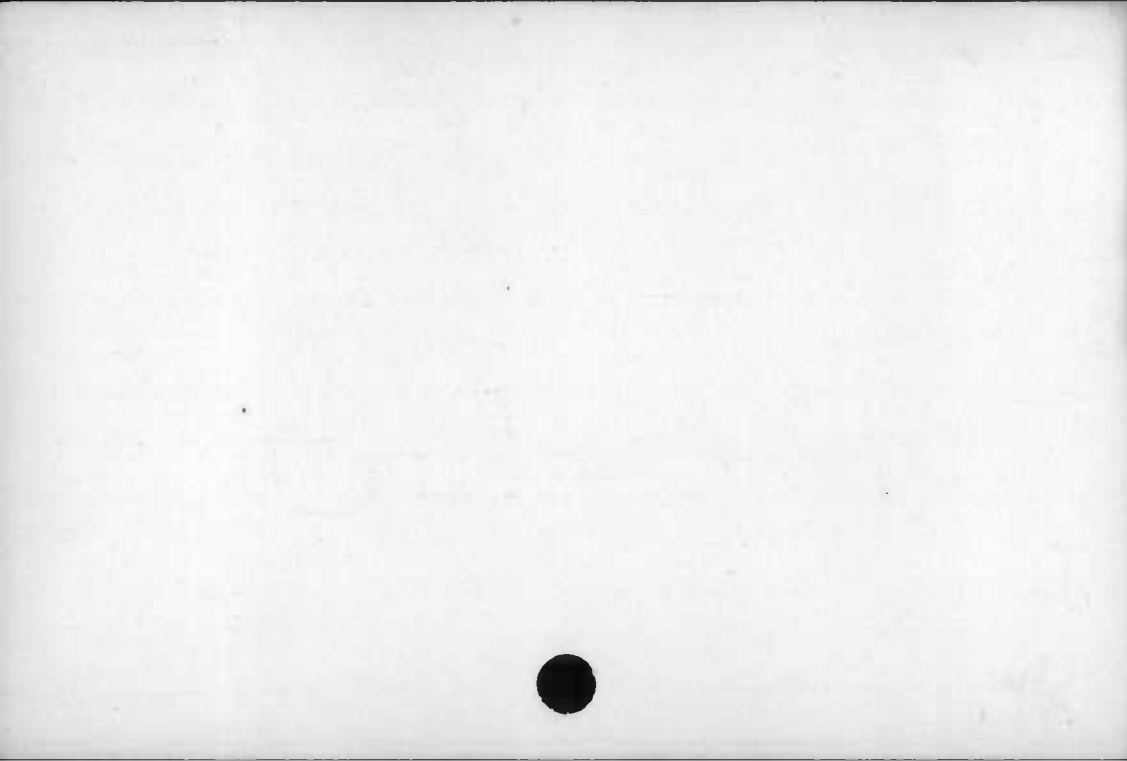
Infant - Boggs		Town		County		CITY OF MARYLAND	
Died at Cambridge		Dorchester		Leo			
Date of death	1908	Month	Nov	Day	24	Age	Years
						Months	8 Days
Sex	Female	Color or Race	Black	Birth-place		Cambridge	
Occupation		None		Where Residing if not at place of death		Cambridge	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Wilmer Boggs		Father's Birthplace		Farmount	
Mother's Maiden Name		Eliza Maddick		Mother's Birthplace			
Name of person giving information		Wilmer Boggs		How related to deceased		Father	

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	Cholera	How long	1 day
Immediate	Cholera	How long	11 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		No physician	
		Address	
		Germans' Sullivan	
Accident or Suicide?		Justice of the Peace	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

IRVING BROOZE

Town **Lakeville** County **Dorchester** **MARYLAND**

Died at **Lakeville**

Date of death **1908** Month **Nov.** Day **27** Age **1** Years **19** Months **3** Days **1**

Sex **Male** Color or Race **White** Birth-place **MD -**

Occupation **Carpenter & Painter** Where Residing if not at place of death **-**

Married, Single or Widowed **Single** Name of Wife or Husband **-**

Father's Name **Robert Brooze** Father's Birthplace **MD**

Mother's Maiden Name **Annie J. Mills** Mother's Birthplace **MD**

Name of person giving Information **Robert Brooze** How related to deceased **Father**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Diphtheria** How long **10 days**

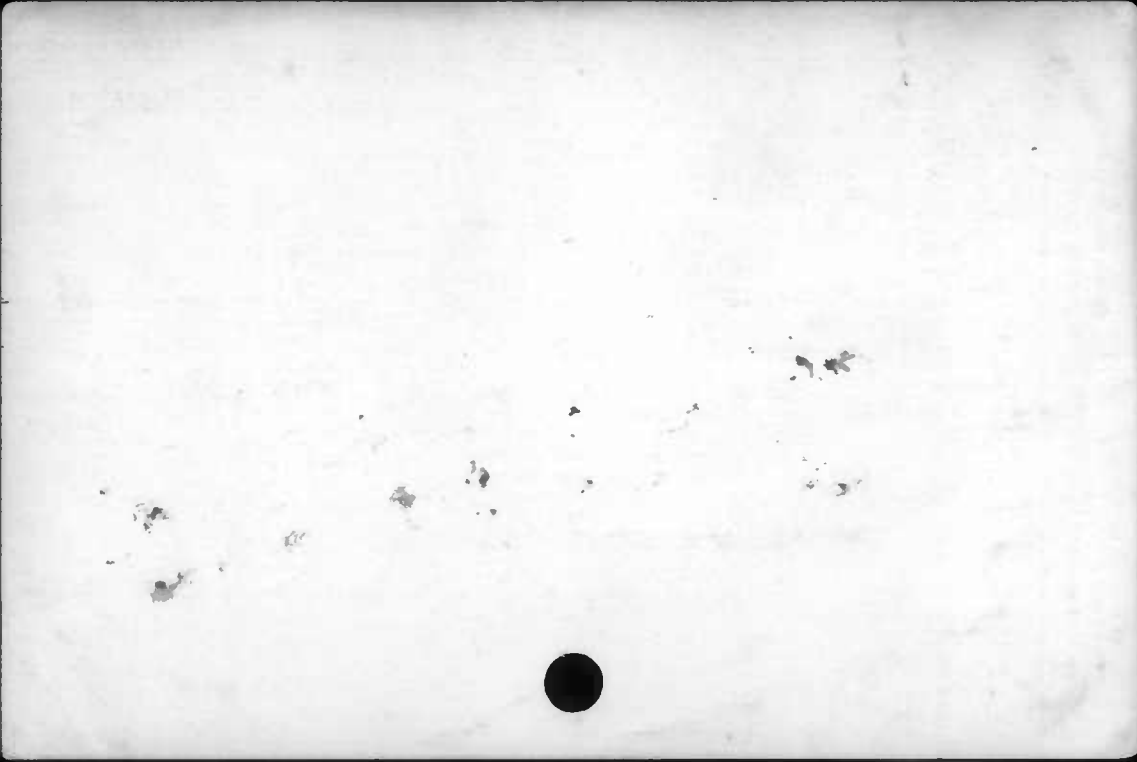
Immediate **Heart Failure** How long **2 hours**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **Victor H. Harrell**

Address **Cambridge MD**

Accident or Suicide **8**



Name
in
Full

Francis Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

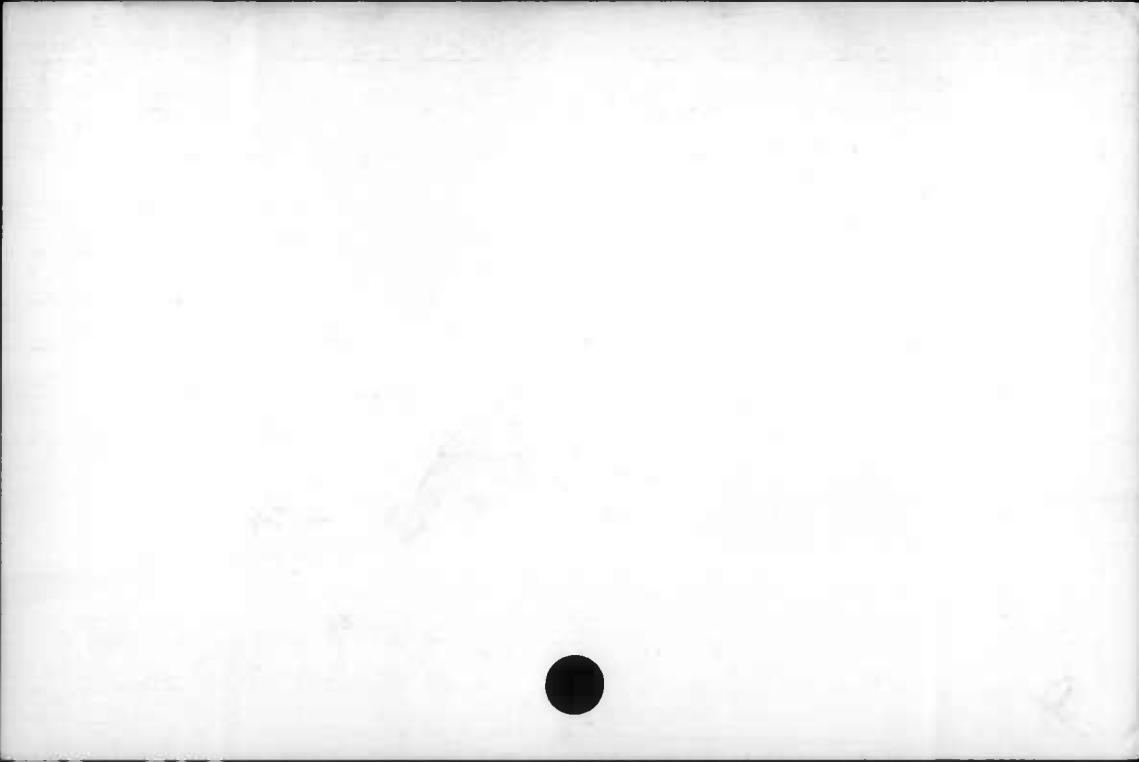
Died at <i>East New Market</i>		Town <i>New Market</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Nov.</i>		Day <i>7</i>		Age <i>1</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>E. N. Market, Md.</i>		Months <i>8</i>	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Samuel W. Camper</i>				Father's Birthplace <i>E. N. Market, Md.</i>			
Mother's Maiden Name <i>Lucile Thompson</i>				Mother's Birthplace <i>Kent Co. Md.</i>			
Name of person giving Information <i>W. W. Camper</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Cardiac asthma</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward L. Jones</i>	
y Es		Address <i>East New Market, Md.</i>	
Accident or Suicide			



Name
in
Full

John Webster Cannon

CERTIFICATE OF DEATH

Town

County

Died at Fishing Creek

Dorchester

MARYLAND

Date
of death 190 8 Nov.Day
3rd.Age
0Months
5Days
26Sex
MaleColor or
Race WHITEBirth-
place DorchesterOccupation
InfantWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name John Oden CannonFather's
Birthplace Dorchester Co.Mother's
Maiden Name Eva A. SimmonsMother's
Birthplace Doecheater Co.Name of person giving
In formation J. O. CannonHow related
to deceased Father

CAUSES OF DEATH

105

Primary

Acute Gastro-enteritis

How long

Nine days

Immediate

Convulsions Exhaustion

How long

Two days.

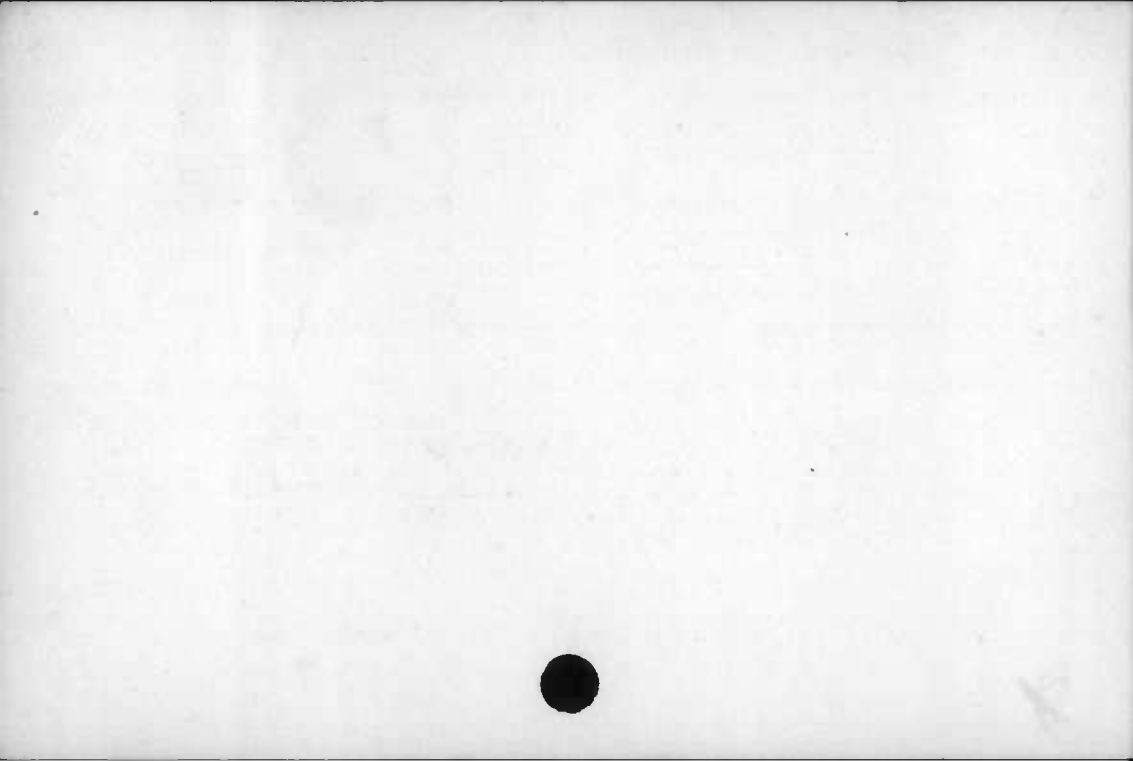
Are the name, age, sex, color, date
and place correctly given above? Yes.Signature of
Physician

Address

Fishing Creek Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Baby Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

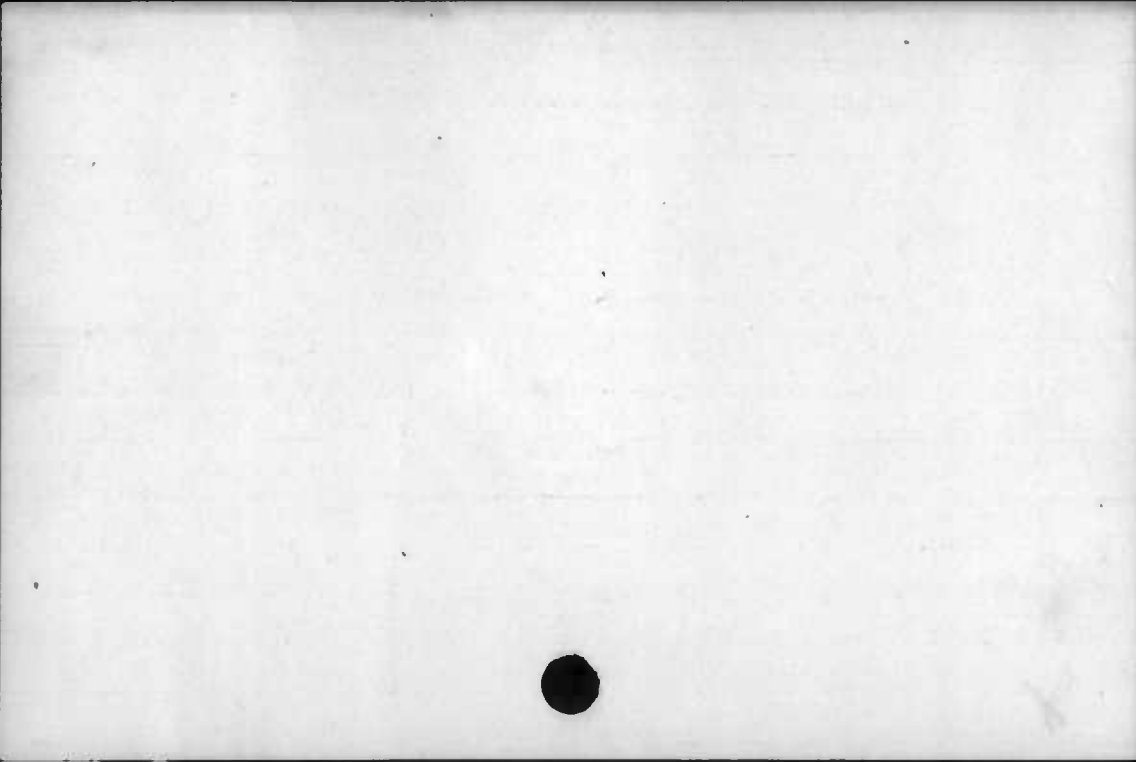
Died at <u>Lukewood</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>11</u>	Day <u>9</u>	Age <u>Years</u>	Months <u>3</u>	Days <u>hours</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Dorchester Co</u>			
Occupation <u>None</u>	Where Reading if not at place of death <u>Harvey</u>				
Married, Single <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Melvin Christopher</u>	Father's Birthplace <u>Dorchester</u>				
Mother's Maiden Name <u>Mina Smith</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>R J Christopher</u>	How related to deceased <u>Grand Father</u>				

CAUSES OF DEATH

Primary unknown (179) unknown
 How long "
 How long "

PHYSICIAN
OR CORONER

Immediate "
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician Had none
 Address N J Abdell JP
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

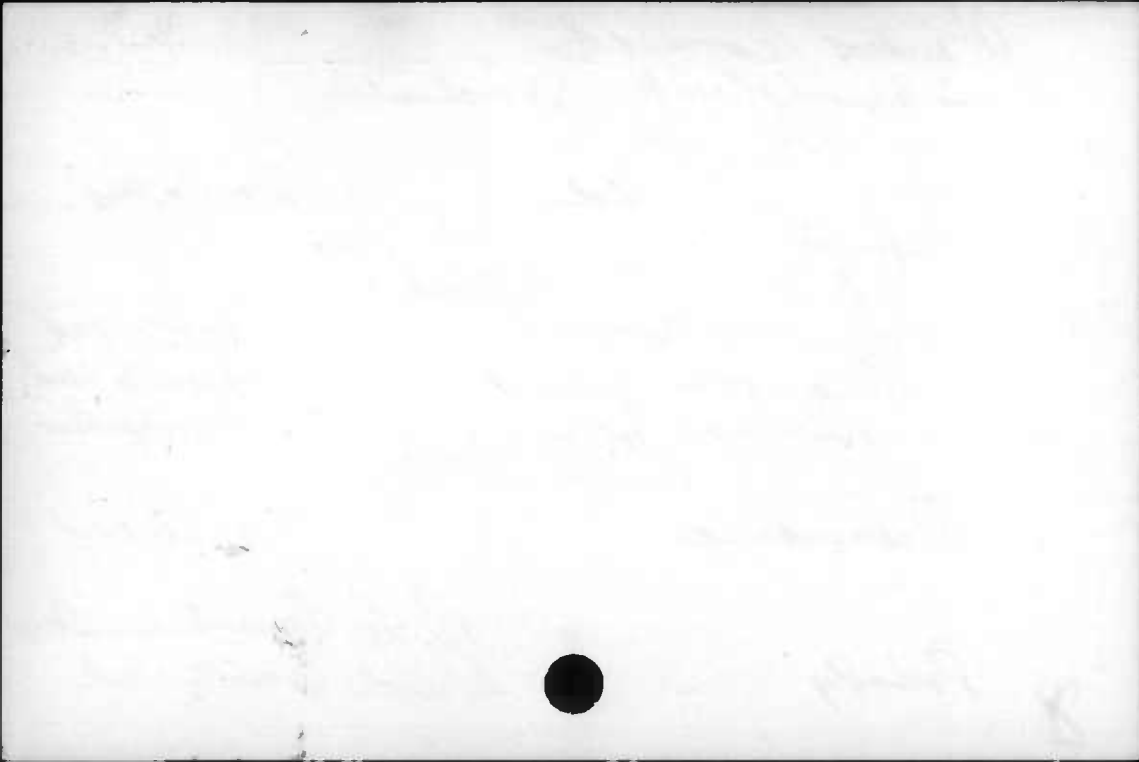
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Nov.	27th	49		1	13
Sex		Color or Race		Birth-place			
Female		Col.		Dor. Co., Md.			
Occupation				Where Residing if not at place of death			
Housewife				—			
Married, Single or Widowed		Name of Wife or Husband					
married		George W. Cornish					
Father's Name				Father's Birthplace			
John W. Hurry				Dor. Co., Md.			
Mother's Maiden Name				Mother's Birthplace			
Ann Brown				Dor. Co., Md.			
Name of person giving Information				How related to deceased			
George W. Cornish				Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	11 days
Immediate	Heart failure	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Probably		R. L. Livingston	
		Address	
		Church Creek, Md.	
Accident or Suicide			



Name
in
Full

Winters Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

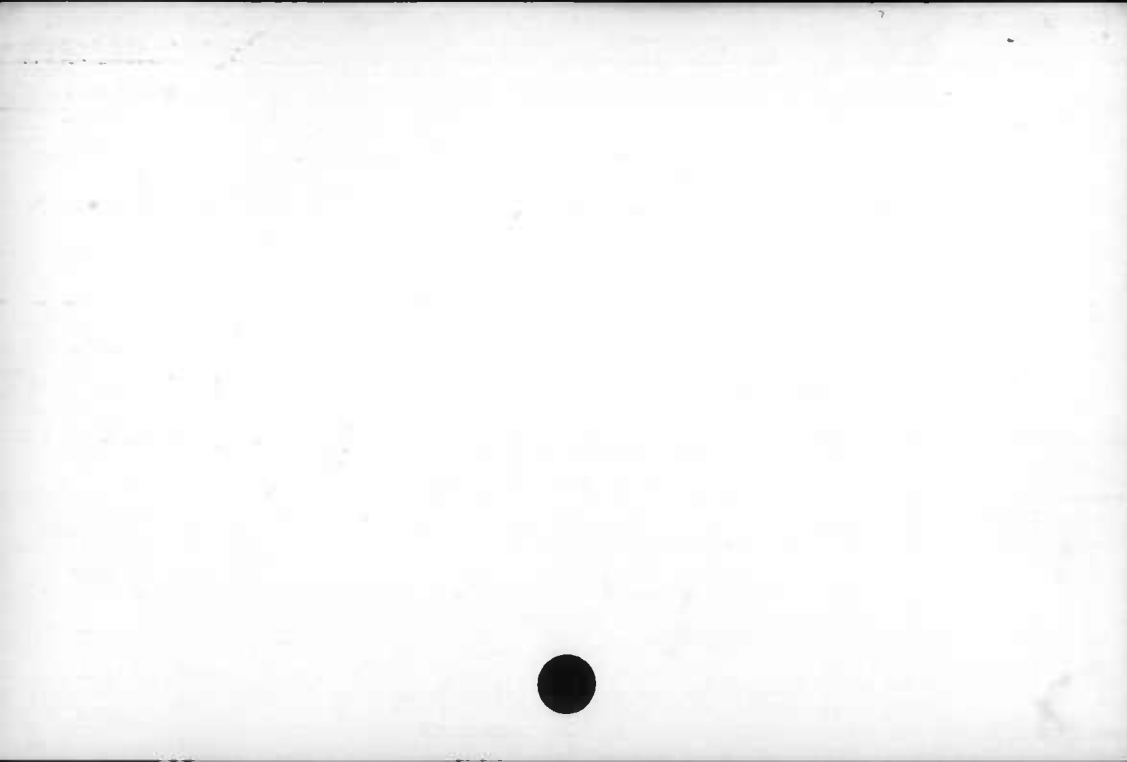
Died ^{Town} near Church Creek		^{County} Dorchester		MARYLAND	
Date of death 1908	Month Nov.	Day 1st	Age 2	Months 3	Days —
Sex Male	Color or Race Col.		Birth-place Dor. Co., Md.		
Occupation Infant	Where Residing if not at place of death —				
Married, Single or Widowed Infant	Name of Wife or Husband Infant				
Father's Name Columbus Cornish	Father's Birthplace Dor. Co., Md.				
Mother's Maiden Name Ellen orr Jolley	Mother's Birthplace Dor. Co., Md.				
Name of person giving Information Richard Jolley	How related to deceased Grandfather				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia	How long can't say
Immediata	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician R. L. Linton
Probably	Address Church Creek, Md.
Accident or Suicide	



Name
in
Full

George A Cottman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

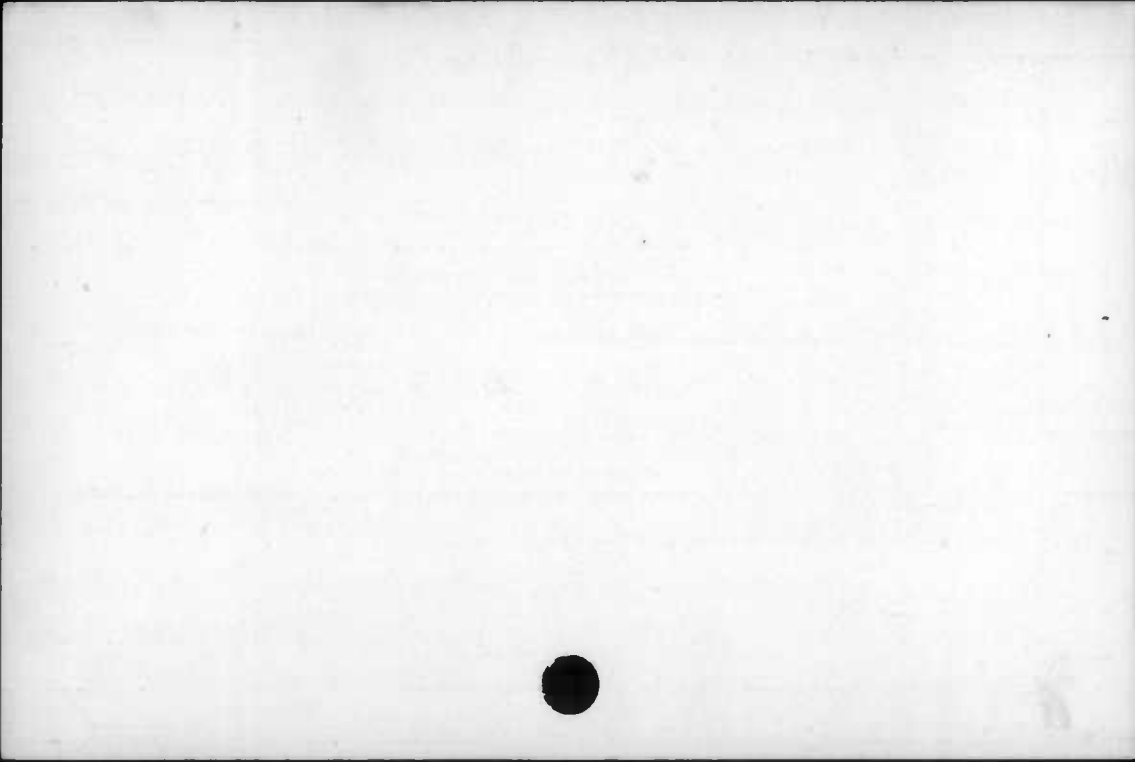
Died at		Town Cambridge		County Dorchester		MARYLAND		
Date of death		1908	Month Nov	Day 25	Age 34	Years 34	Months —	Days —
Sex		Male		Color or Race Colored		Birth-place Dorchester Co		
Occupation Laborer				Where Residing if not at place of death				
Married, Single or Widowed		Widower		Name of Wife or Husband Lydia Cottman (nee Miles)				
Father's Name		Calvin Cottman				Father's Birthplace Dorchester Co.		
Mother's Maiden Name		Irmunda Ballard				Mother's Birthplace Dorchester Co.		
Name of person giving information		Belle Serpin				How related to deceased Sister		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Several weeks
Immediate	Cardiac Failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dexter B Reynolds	
Address		Cambridge Md	
Accident or Suicide?			



Name
in
Full

Wm. Hansel Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

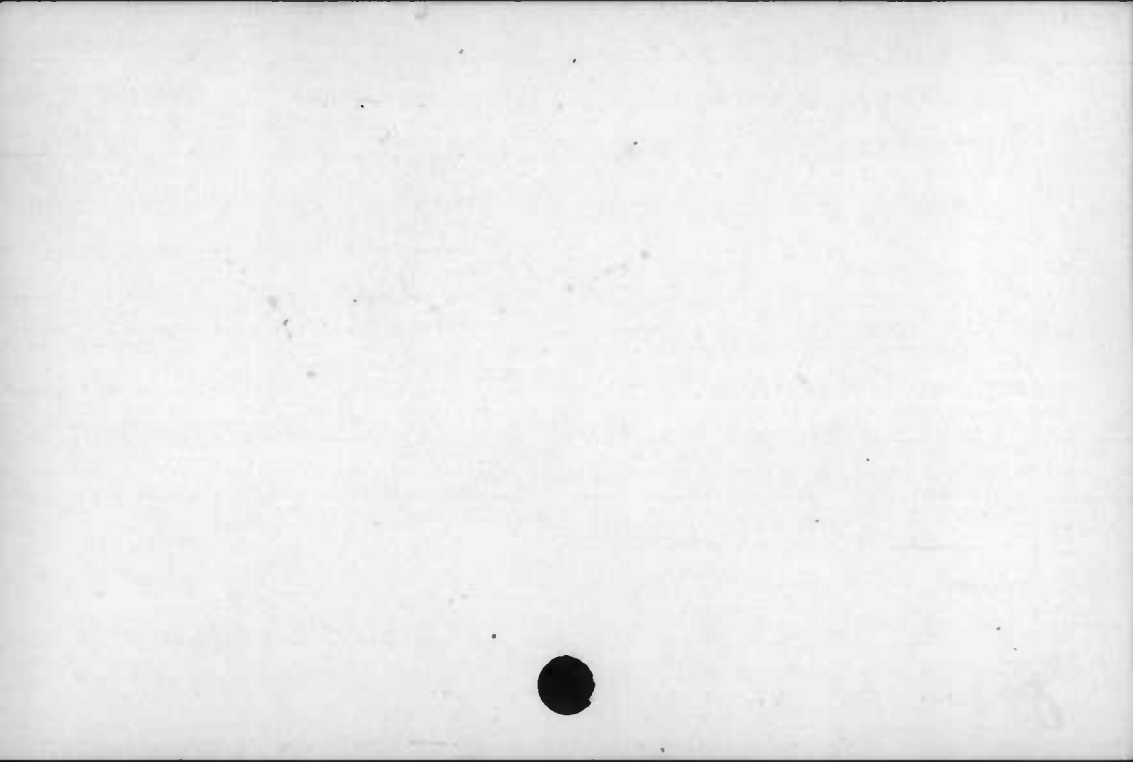
Died at <i>Fishing Creek</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>Nov.</i> <small>Day</small>	<i>15th</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>8</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Dorchester Co.</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death _____		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	<i>Granville H. Cox</i>			Father's Birthplace	<i>Wisconsin Co</i>
Mother's Maiden Name	<i>Mollie M. McEloughlin</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Granville H. Cox</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>6 mos.</i>
Immediate	<i>Gastro-enteritis exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. Strout M.D.</i>
		Address	<i>Fishing Creek, Md.</i>
Accident or Suicide?			



Name
in
Full

Cora Martina Dockins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

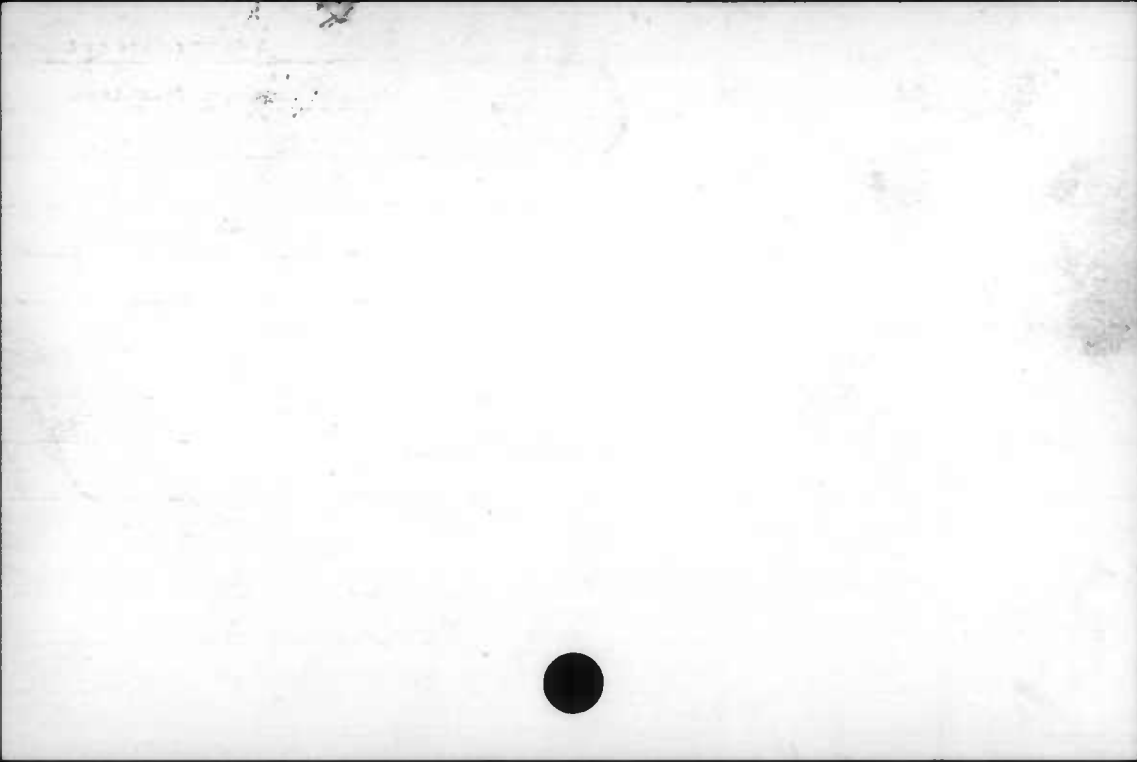
Died at <i>Little Brick Mill</i>		Town <i>Dor</i>		County <i>W.</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>11</i>	Day <i>14</i>	Age <i>18</i>	Years	Months <i>10</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>Maid</i>	Where Residing if not at place of death <i>Little Brick Mill</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>Stevens Mauship Dockins</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Ida May Phare</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving Information <i>Ida May Dockins</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Chronic interstitial nephritis</i>	How long <i>10 years</i>
Immediate <i>Appendicitis</i>	How long <i>8 hours & 30 min</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. V. Harbough, M.D.</i>
	Address <i>East New Market Maryland</i>
Accident or Suicide	



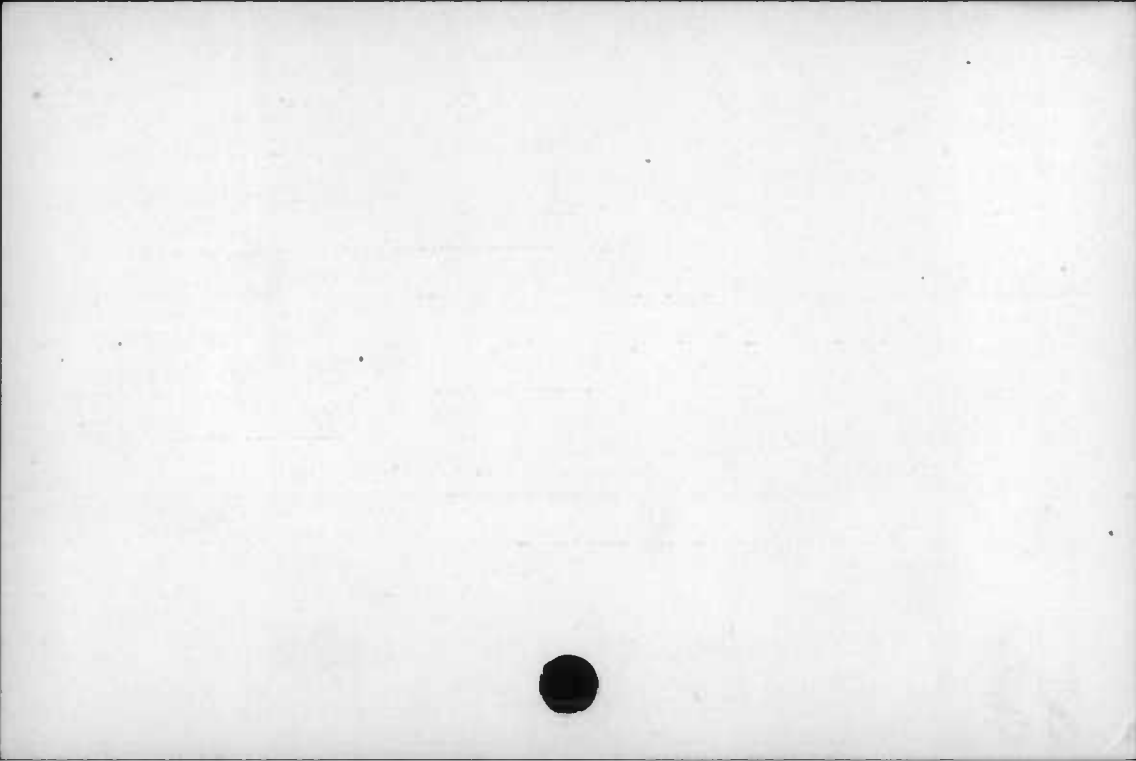
CERTIFICATE OF DEATH

Died at <i>Cambodge</i>		County <i>Dorchester</i>		State <i>MASSACHUSETTS</i>	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>15</i>	Age <i>8</i>	Months <i>8</i>	Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cambodge</i>			
Occupation <i>Baby</i>	Where Residing if not at place of death <i>Cambodge</i>				
Married, Single or Widowed <i></i>	Name of Wife or Husband <i></i>				
Father's Name <i>Joseph Boyle</i>	Father's Birthplace <i>Battington</i>				
Mother's Maiden Name <i>Nellie C Goslin</i>	Mother's Birthplace <i>Dorchester</i>				
Name of person giving information <i>L. W. Goslin</i>	How related to deceased <i>Grand Father</i>				

CAUSES OF DEATH

121

Primary	Mars, Mrs.	How long	Several months
Immediate	Convulsions from kidney congestion	How long	Hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. E. L. Loring
		Address	Cambridge, Mass.
Accident or Suicide?			



Name
in
Full

Francis A. Fitzylugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Cambridge Town Archester County

Date of death 1908 Month Nov. Day 28 Age 56 Months — Days —

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death Cambridge

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Fitzylugh Father's Birthplace Maryland

Mother's Maiden Name Do not know Mother's Birthplace —

Name of person giving Information Brid Cannon How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary La Grippe How long 10 days

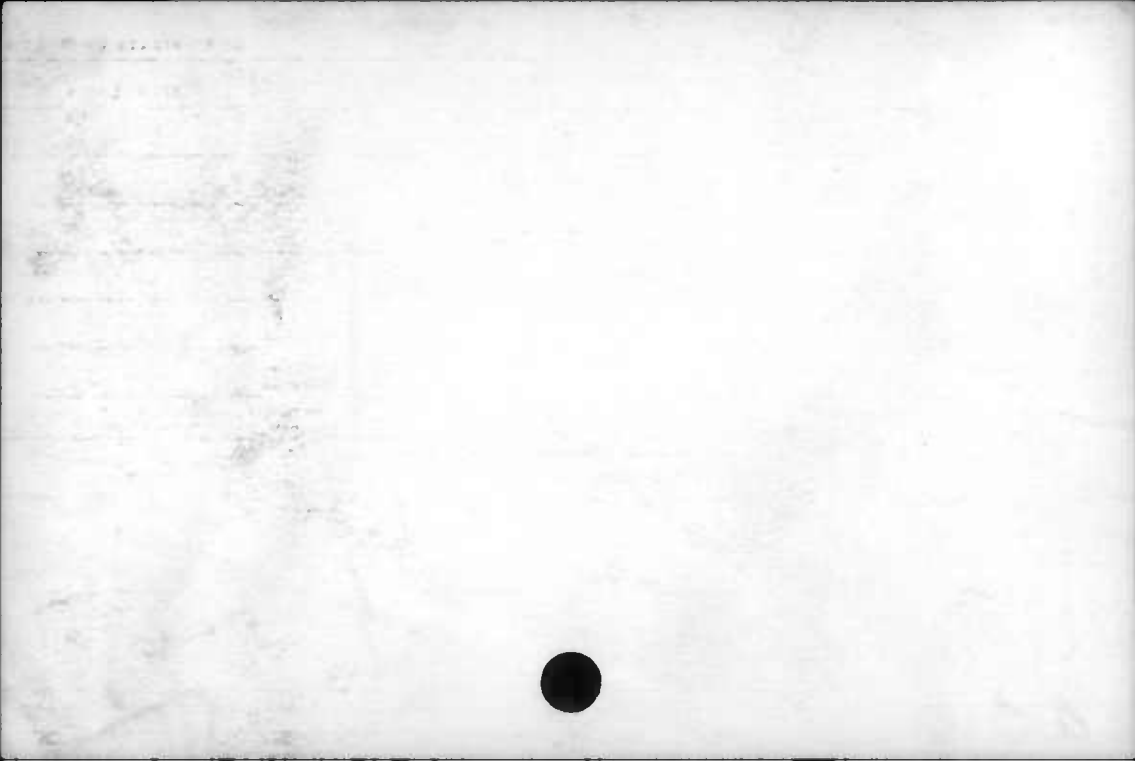
Immediate Ascheum How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. W. Goldsborough

Address Cambridge

Accident or Suicida 2



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

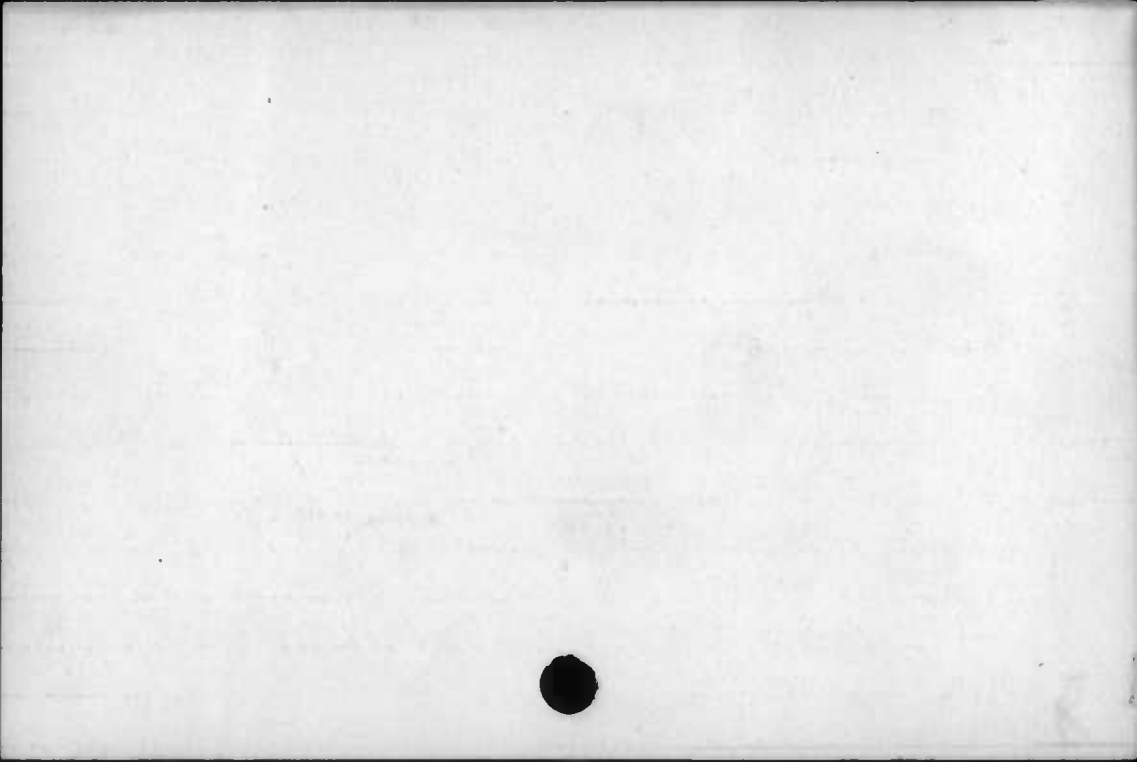
Died at <i>Harrison</i> Town <i>Dorchester</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>17</i>	Years <i>72</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Dorchester Co</i>
Occupation <i>Sailor</i>		Where Residing if not at place of death	
Married, Single <i>yes</i> or Widowed		Name of Wife or husband <i>Charlotte F. Slack</i>	
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Dorchester Co</i>	
Name of person giving information <i>Harry Guffrich</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>injure secured to head</i>	How long <i>4 years</i>
Immediate <i>Cerebral Aneurysm</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. G. Fleming</i>
<i>overlooked last month</i>	Address <i>Hurlock Md</i>
Accident or Suicide? <i>Homicidal</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

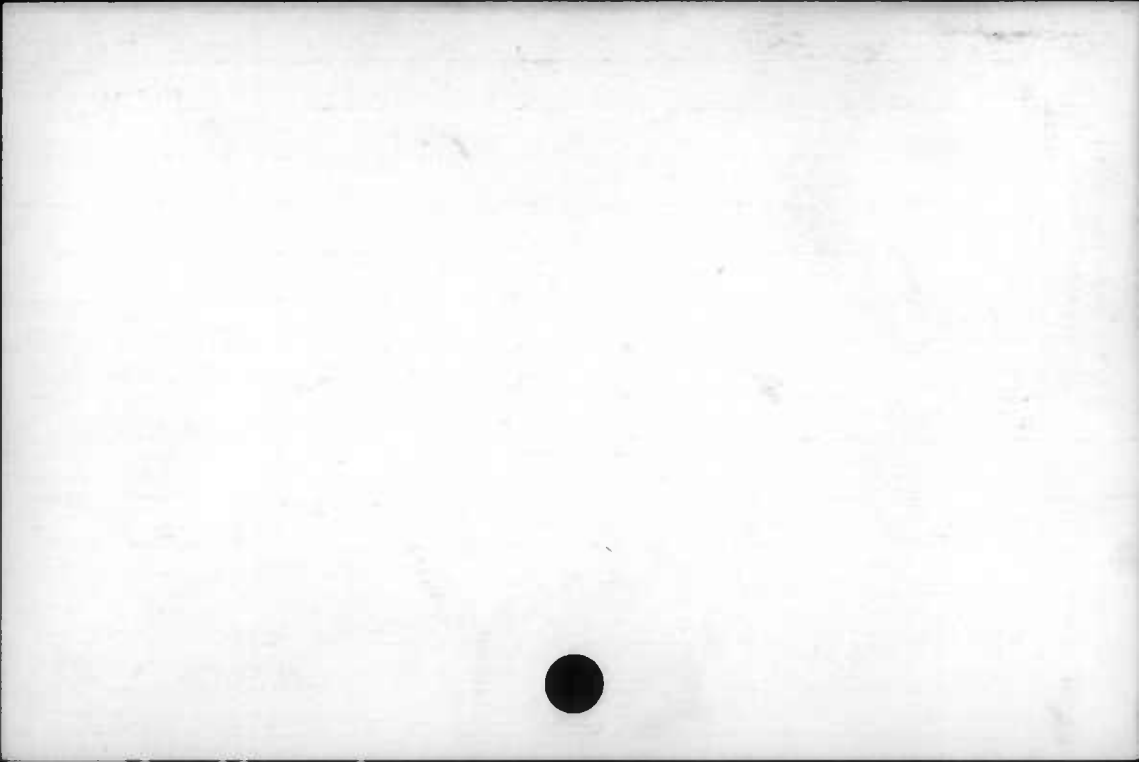
Mary C. Hubbard
Town *Cambridge* County *Dorchester* **MARYLAND**
Died at
Date of death *1908* Month *Nov.* Day *19* Age *53* Months *—* Days *—*
Sex *Female* Color or Race *White* Birth-place *Maryland*
Occupation *Housewife* Where Residing if not at place of death *Cambridge*
Married, Single or Widowed *Married* Name of Wife or Husband *Wm. A. Hubbard*
Father's Name *Thomas C. Bennett* Father's Birthplace *Maryland*
Mother's Maiden Name *Mary A. C. Hubbard* Mother's Birthplace *"*
Name of person giving Information *Wm. A. Hubbard* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *Don't know*
Immediate *Heart Failure* How long *One hour*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Victor C. Carroll*
Address *Cambridge, Md*
Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth J. Kinnear

Died at Crapo

Town

County

Berkeley

MARYLAND

Date

of death

190

Month

8

Day

29

Age

Years

75

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Dor Co

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

John D. Kinnear

Father's
Name

E J Pritchett

Father's
Birthplace

Dor Co

Mother's
Maiden Name

Elizabeth J. Pritchett

Mother's
Birthplace

Dor Co

Name of person giving
In formation

Arthur Kinnear

How related
to deceased

Sons

CAUSES OF DEATH

79

Primary

Valvular Dis of Heart

How long

8 months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

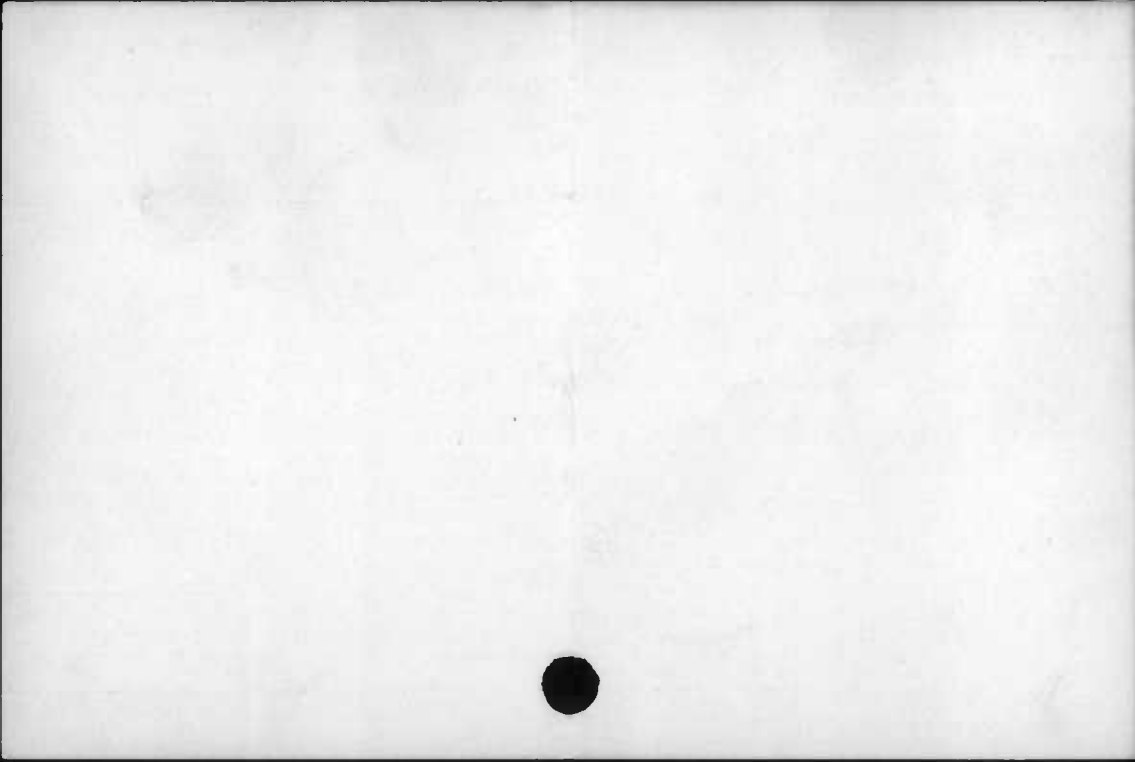
P. Shamberger

Address

Wingate - MD

Accident or Suicide?

PHYSICIAN,
OR CORONER



Name
in
Full

Maggie Mc. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1908 Month Nov. Day 26 Age 46 Years 2 Months 12 Days

Sex Female Color or Race White Birth-place Maryland

Occupation Seamstress Where Residing if not at place of death Cambridge

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Levin B. Lewis Father's Birthplace Maryland

Mother's Maiden Name Margaret Marshall Mother's Birthplace Maryland

Names of person giving Information Bain Brannock How related to deceased Nephew

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

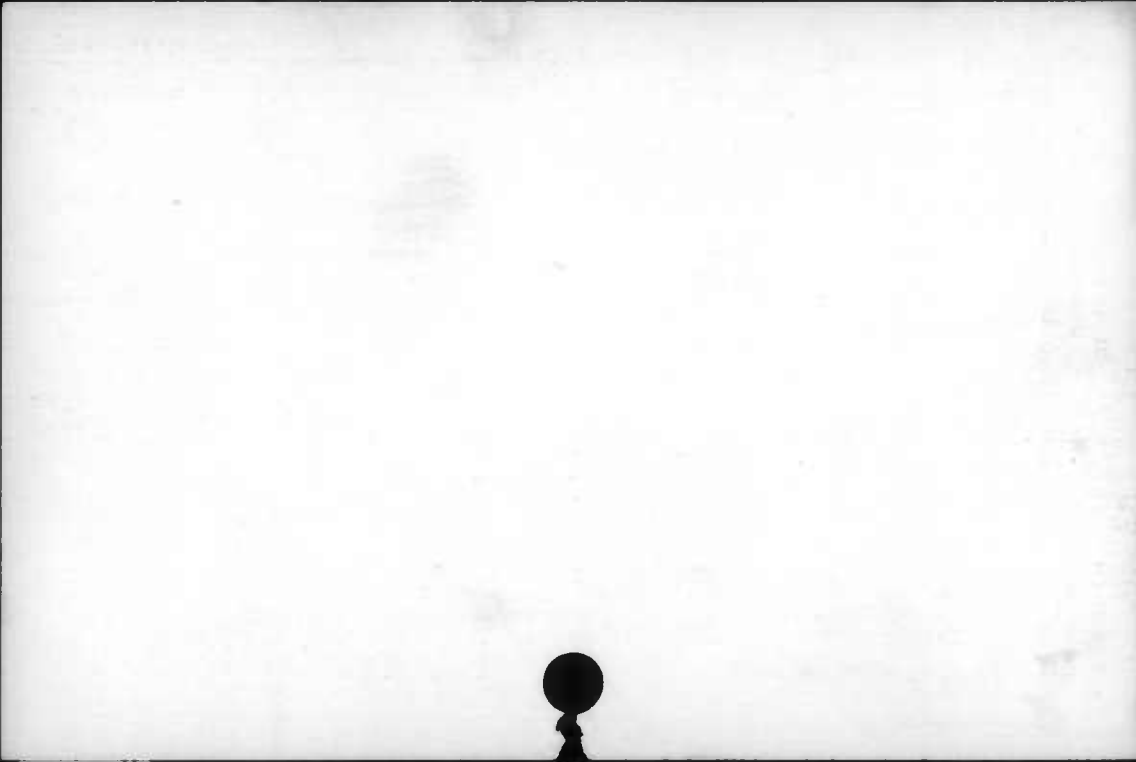
Primary Tuberculosis, Pulm., Sigmoid & Intestinal How long 2 or 3 years

Immediate Gradual Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Geo. Steele Address Cambridge Md.

Accident or Suicide



Name
in
Full

Martin K. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{own} near Church back ^{County} Dorchester **MARYLAND**

Date of death 1908 ^{Month} Nov. ^{Day} 12 ^{Years} Age 76 ^{Months} 2 ^{Days} 15

Sex male ^{Color or Race} White ^{Birth-place} Maryland

Occupation Farmer ^{Where Residing if not at place of death} ☒

Married, Single or Widowed Widowed ^{Name of Wife or Husband} Margaret A. Lewis

Father's Name Orlina Lewis ^{Father's Birthplace} Maryland

Mother's Maiden Name Margaret A. Fitzhugh ^{Mother's Birthplace} Maryland

Name of person giving Information Edgar Lewis ^{How related to deceased} Son

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis ^{How long} Out Room

Immediate Pneumonia ^{How long} Seven days

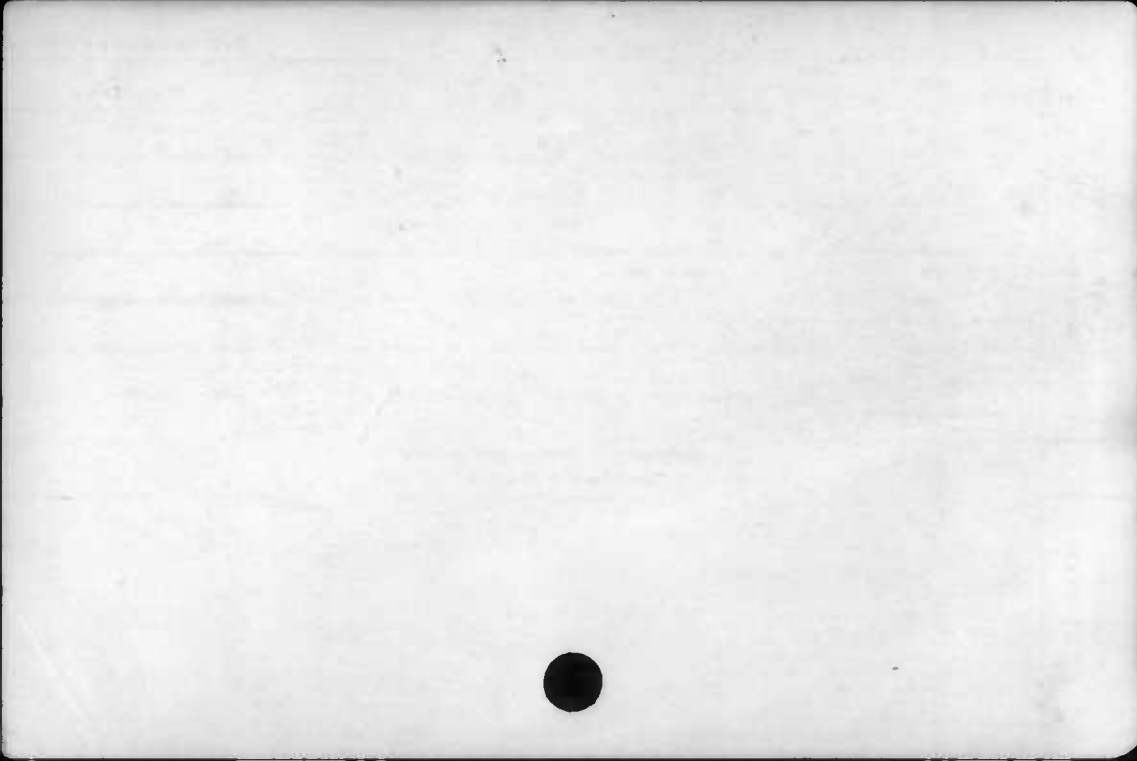
Are the name, age, sex, color, date and place correctly given above? yes

Signature of
Physician

Address

Victor Carroll
Cambridge, Md.

Accident or Suicide



Name
in
Full

May S. McBride

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

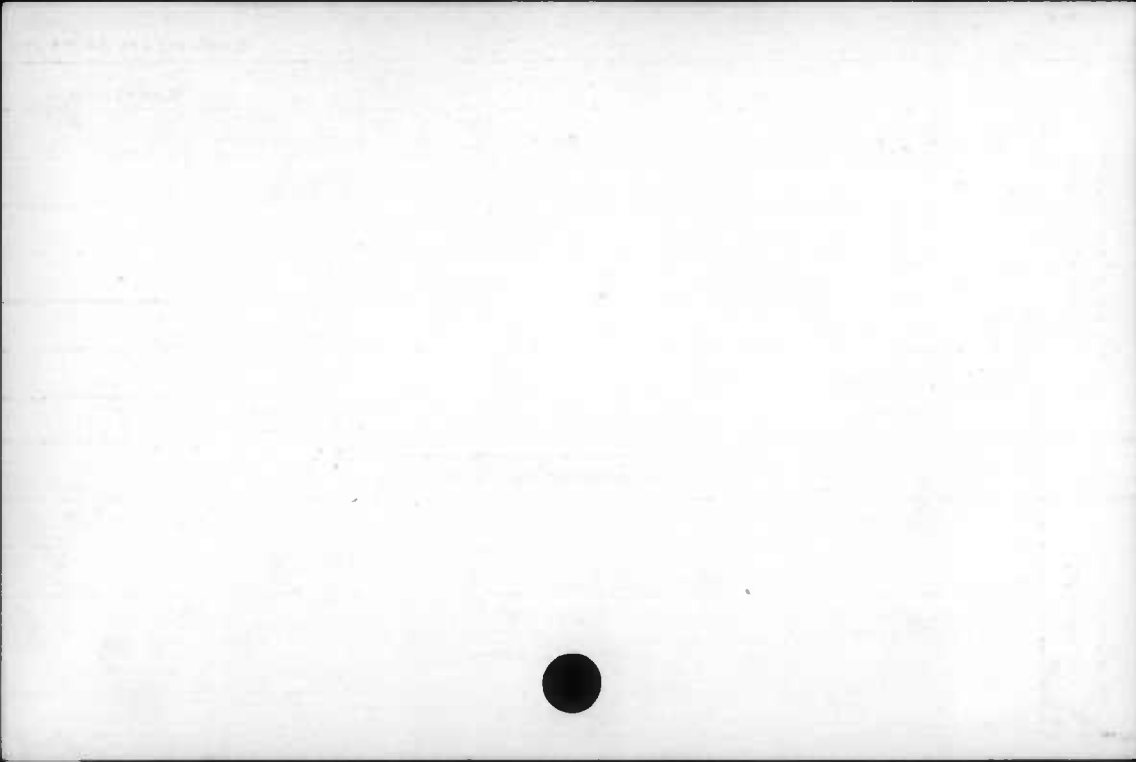
Died at		Town <i>Bucktown</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		190 <i>8</i>	Month <i>November</i>	Day <i>27</i>	Age <i>70</i>	Months <i>7</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>decd Samuel Mc Bride</i>					
Father's Name <i>Robt G. Rawleigh</i>		Father's Birthplace <i>Dorchester Co.</i>					
Mother's Maiden Name <i>Sarah Depickson</i>		Mother's Birthplace <i>Dorchester Co.</i>					
Name of person giving Information <i>Thos. E. McBride</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Old Age</i>	How long	<i>gradual</i>
Immediate	<i>Cyanosis</i>	How long	<i>a day</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address	
Accident or Suicide		<i>Physician Absent</i> <i>Elementary Bureau</i> <i>Justice of the Peace</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

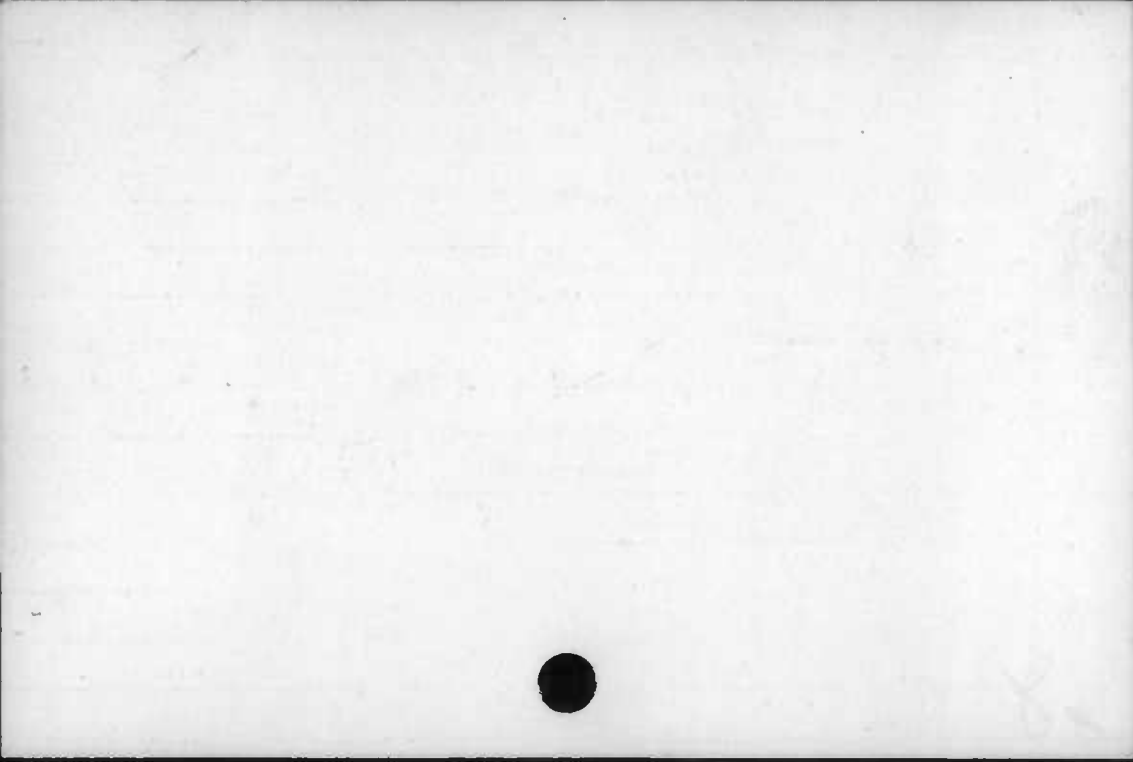
Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Nov</i>	Day <i>25</i>	Age <i>26</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth place <i>Dorchester Co.</i>		
Occupation <i>Sabotier</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Henry Binder</i>			Father's Birthplace <i>Dorchester Co.</i>		
Mother's Maiden Name <i>Mary McBreedy</i>			Mother's Birthplace <i>Dorchester Co.</i>		
Name of person giving information <i>Mary McBreedy</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<i>Syphilis</i>	How long <i>6 or 8 months</i>
Immediate	<i>Myocarditis</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Lester P. Reynolds MD</i>
		Address <i>Cambridge Md</i>
Accident or Suicide?		



Name
in
Full

Mamie L Mc Ee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Cambridge		Dorchester Co		Md		MARYLAND	
Date of death	1908	Month	Nov	Day	3	Age	45
Sex	Female	Color or Race	White	Birth-place	Falmouth		
Occupation	House wife			Where Residing if not at place of death	Cambridge		
Married, Single or Widowed	Married	Name of Wife or Husband	William Mc Ee				
Father's Name	Thomas Morgan				Father's Birthplace	Don't know	
Mother's Maiden Name	Lavinia Baker				Mother's Birthplace	Don't know	
Name of person giving information	William Mc Ee				How related to deceased	Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Don't know
Immediate	Exhaustion	How long	Short
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. E. Welf	
Address		Cambridge, Md	
Accident or Suicide?			



Name
is
Full

Volli. E. McKinnis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>17</u>	Age <u>28</u>	Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Me</u>		
Occupation <u>housewife</u>			Where Residing if not at place of death <u>Cambridge</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>George McKinnis</u>			
Father's Name <u>James Charles</u>			Father's Birthplace <u>Me</u>		
Mother's Maiden Name <u>May E. Mills</u>			Mother's Birthplace <u>Me</u>		
Name of person giving information <u>Luther Anderson</u>			How related to deceased <u>Brother-in-law</u>		

CAUSES OF DEATH

131

PHYSICIAN
OR CORONER

Primary <u>Overdose of Morphine</u>	How long <u>27 hrs</u>
Immediate <u>Pneumonia</u>	How long <u>16 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Moore</u>
	Address <u>Cambridge</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bishop Head District No 10</i>		County <i>More</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>November</i>	Day <i>9</i>	Age <i>—</i>	Months <i>5</i>	Days <i>3</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Bishop Head</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Wm H More</i>	Father's Birthplace <i>Bishop Head</i>				
Mother's Maiden Name <i>Kitty More</i>	Mother's Birthplace <i>Bishop Head</i>				
Name of person giving Information <i>Wm H More</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide

no physician in attendance

Wm H Pritchett J P

Bishop Head Md

Revie O Jones Dec 29th 1908
Wm A Denny Jan

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jora Et Nichols*

Died at *Reliance* Town *Dorchester* County

Date of death *1908* Month *Nov* Day *19* Age *38* Years Months Days

Sex *male* Color or Race *black* Birth-place *md*

Occupation *preacher* Where Residing if not at place of death *Phila. Pa.*

Married, Single or Widowed *married* Name of Wife or Husband *Mary Nichols*

Father's Name *Jacob Nichols* Father's Birthplace *md*

Mother's Maiden Name *Caroline Nichols* Mother's Birthplace *md*

Name of person giving information *Caroline Nichols* How related to deceased *mother*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *6 months*

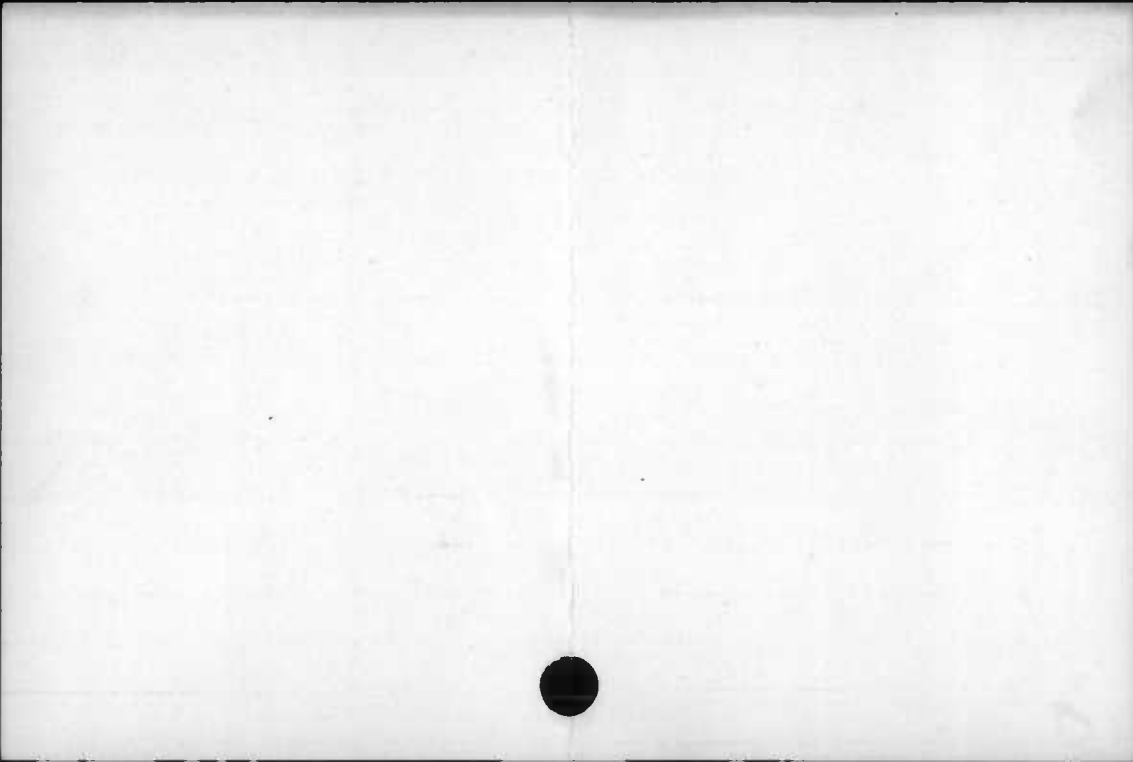
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R Kemp Jefferson*

Address *Federalburg md*

Accident or Suicide?



Name
in
Full

Mattie V. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

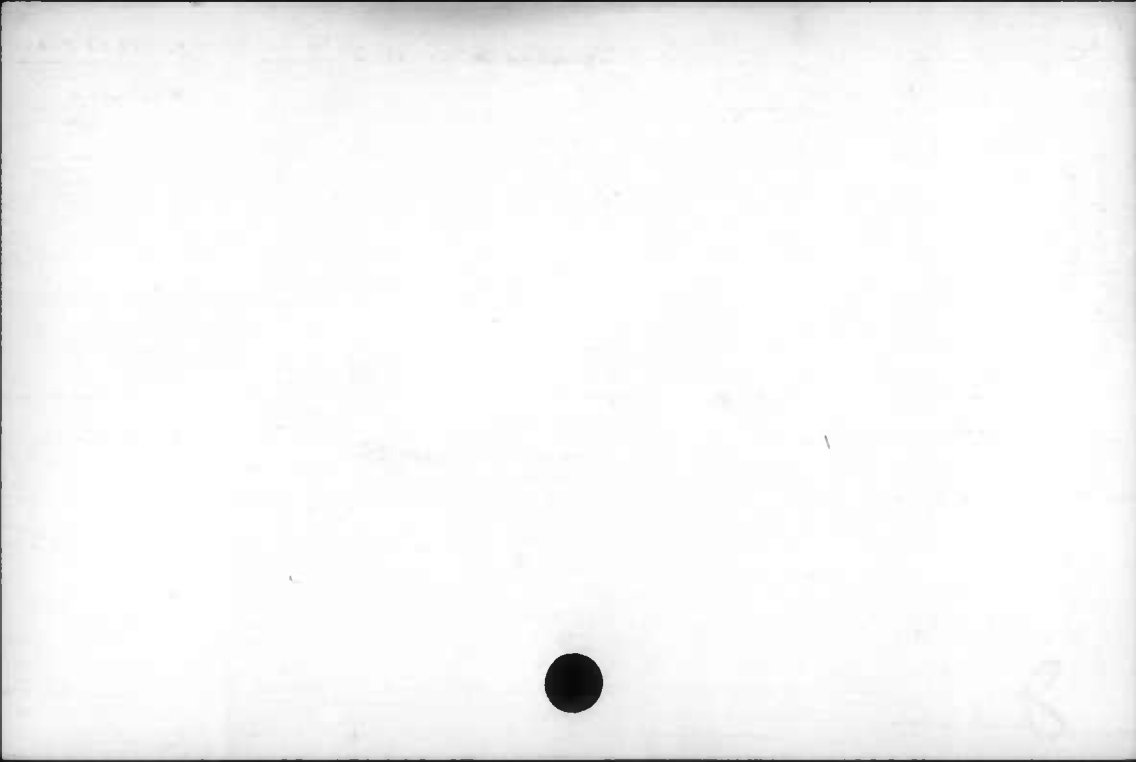
Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		<i>Nov.</i>	<i>14</i>	<i>40</i>			
Sex		Color or Race		Birth-place			
<i>Female</i>		<i>White</i>		<i>Maryland</i>			
Occupation		Where Residing if not at place of death					
<i>Housewife</i>		<i>Cambridge</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>Married</i>		<i>Engene Price</i>					
Father's Name		Father's Birthplace					
<i>Wesley Parks</i>		<i>Delaware</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Mary J. Beauchamp</i>		<i>"</i>					
Name of person giving Information		How related to deceased					
<i>Engene Price</i>		<i>Husband</i>					

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Melancholia Chronic (Clinical)</i>	How long	<i>Sometime</i>
Immediate	<i>Dementia Paralytica + Exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. E. Wolff</i>	
		Address	
		<i>Cambridge, Md</i>	
Accident or Suicide <i>-</i>			



Name
in
Full

Mr Donald Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

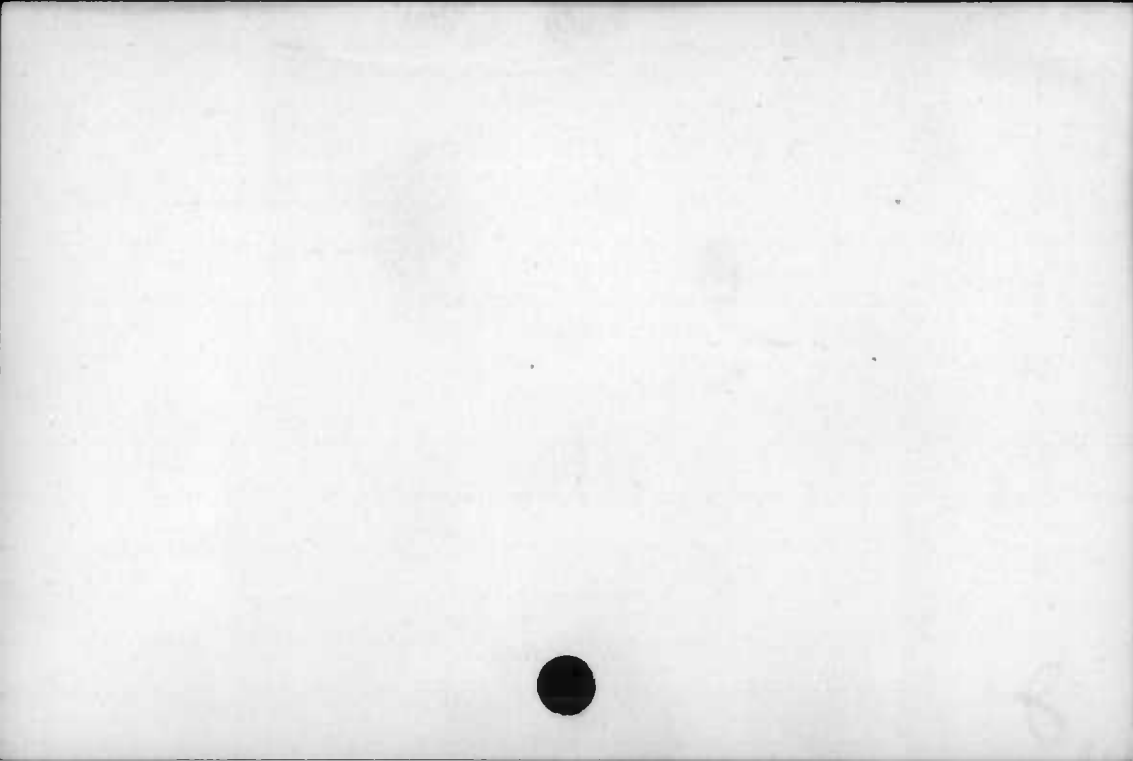
Died at <u>Cauldnap</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Nov</u> ^{Month}	<u>25</u> ^{Day}	<u>49</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Miri</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Donald Stewart</u>				
Father's Name <u>Alexander Handy</u>	Father's Birthplace <u>Mayland</u>				
Mother's Maiden Name <u>Susan Stewart</u>	Mother's Birthplace <u>Mayland</u>				
Name of person giving information <u>She is my relative - Jack Knauten</u>	How related to deceased <u>Cousin</u>				

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary <u>Cancerous growth</u>	How long <u>18 months</u>
Immediate <u>Heart failure from growth pressure</u>	How long <u>Some weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. B. L. Brown</u>
	Address <u>Cauldnap, Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Ann Esther Joda

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Camlngs* ^{County} *Dorchester* **MARYLAND**

Date of death 1908 ^{Month} *Nov* ^{Day} *16* Age ^{Years} *30* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Garden Co Md*

Occupation *Housewife* Where Residing if not at place of death *Federalsburg Md*

~~Married~~, Single or Widowed Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Ella Mendels* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

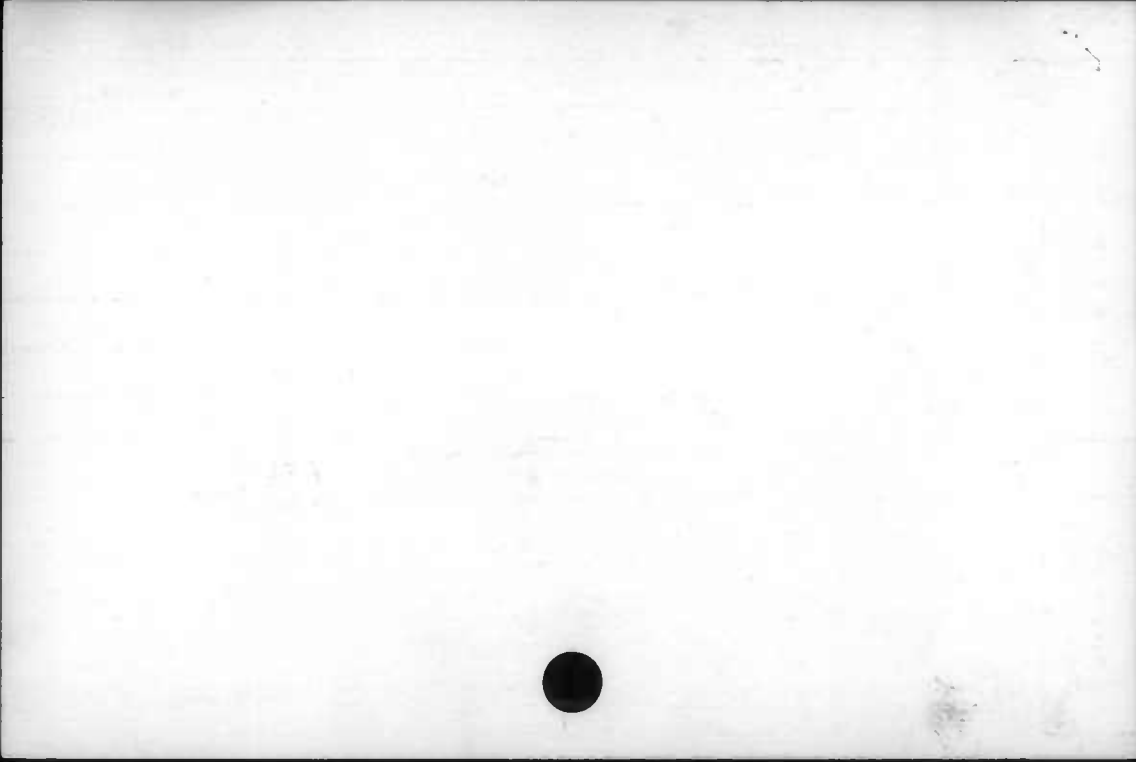
Primary *Typhoid fever* How long *2 weeks*

Immediate *Shivering chills and rigors* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *P. M. G. B. Brown*

Address *Camlngs Md*

Accident or Suicide



Name in Full <i>Wm J Webster</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cumtunda</i> Town		County <i>Archbold</i>
	Date of death <i>1908</i>		Month <i>Apr</i> Day <i>1</i> Age <i>68</i> Years Months Days
	Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>
	Married, Single or Widowed <i>married</i>		Occupation <i>Farmer</i>
	Name of Wife or Husband <i>Mayme Webster</i>		
	Father's Name <i>James R Webster</i>		Father's Birthplace <i>Ind</i>
Mother's Maiden Name <i>Lucy Ann Kiser</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Alvin Childs</i>		How related to deceased <i>none</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Bright's</i>	How long <i>about 8 months</i>	
	Immediate <i>Uremia</i>	How long <i>short while</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. ...</i>	
		Address <i>Cumtunda</i>	
	Accident or Suicide? <i>no</i>		



Name
in
Full

Isaac J. Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

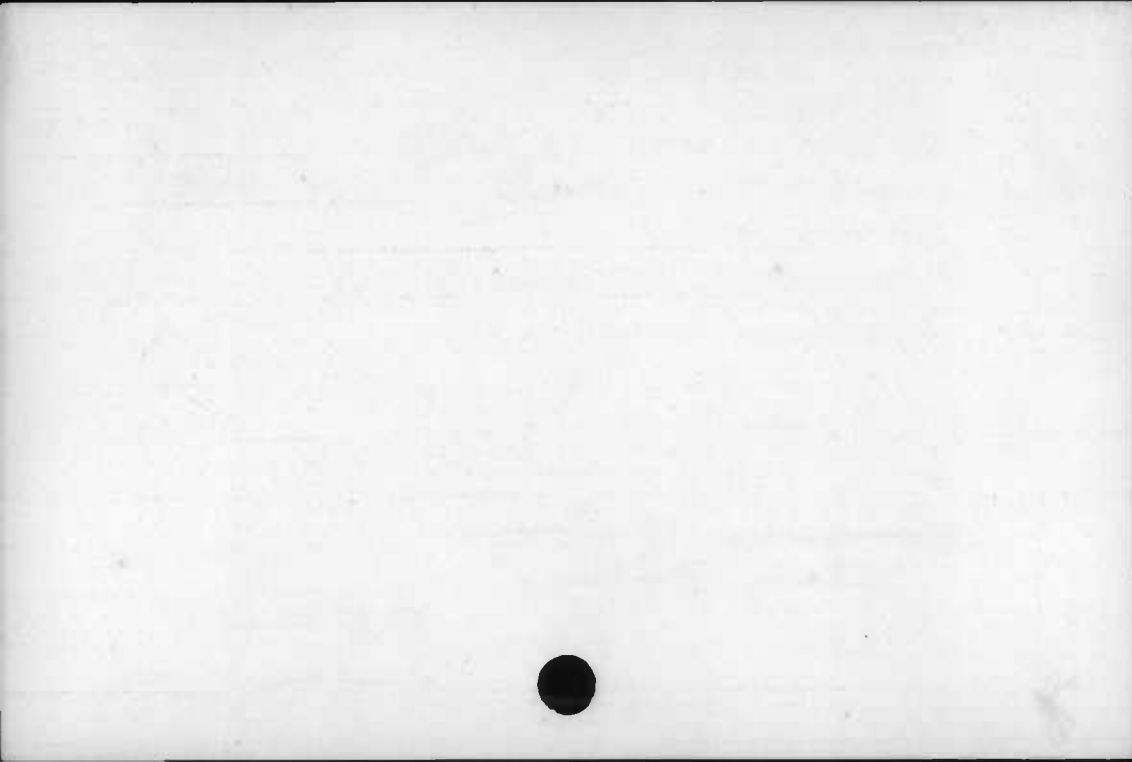
Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>6</i>	Age <i>35</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Dorchester Co.</i>				
Occupation <i>Saboner</i>			Where Residing if not at place of death <i>---</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>---</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Amelia Sterling</i>				Mother's Birthplace <i>Dorchester Co.</i>			
Name of person giving information <i>Mary Whittington</i>				How related to deceased <i>No</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Thoracica</i>	How long <i>3 mos</i>
Immediate	<i>Cardiac Failure</i>	How long <i>several hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dexter J. Reynolds M.D.</i>
		Address <i>Cambridge Md</i>
Accident or Suicide?		



Name
in
Full

Mrs Lucy Willey

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Draughton</u>		^{County} <u>Sarahester</u>		MARYLAND	
Date of death	<u>1908</u>	Month <u>Nov</u>	Day <u>1st</u>	Age <u>5-6</u>	Months <u>-</u> Days <u>-</u>
Sex	<u>Female</u>		Color or Race	<u>white</u>	Birth-place <u>md.</u>
Occupation	<u>House wife</u>			Where Residing if not at place of death	
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband <u>John Willey</u>		
Father's Name	<u>William Hurley</u>			Father's Birthplace	<u>md.</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>md.</u>
Name of person giving In formation	<u>John Willey</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<u>Congestion of Lungs</u>	How long	<u>7 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D. H. Black</u>	
		Address <u>Vienna Md.</u>	
			
Accident or Suicide? <u>8</u>			



Name
in
Full

Roy R. Wroble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salemville</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>10</i>	Age <i>2</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>			Where Residing is not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles J. Wroble</i>			Father's Birthplace <i>Dorchester Co. Md</i>		
Mother's Maiden Name <i>Jane Adams</i>			Mother's Birthplace <i>Dorchester Co. Md</i>		
Name of person giving information <i>Chas. J. Wroble</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Epidemic Colic</i>	How long <i>20 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. Shaukey</i>
<i>—</i>	Address <i>Wingate Md</i>
Accident or Suicide?	

